

CALIFORNIA STATE BOARD OF EQUALIZATION

# DIESEL FUEL TAX EXEMPTION CERTIFICATE FOR EXEMPT BUS OPERATOR

SECTION 60503, REVENUE AND TAXATION CODE

*Questions on the completion or use of this form should be directed to the Fuel Taxes Division, MIC:30, Board of Equalization, PO Box 942879, Sacramento, CA 94279-0030, telephone (916) 322-9669.*

CERTIFICATE NUMBER

EFFECTIVE DATE

SELLER NAME

ADDRESS (Street, City, State, Zip Code)

DIESEL FUEL LICENSE NUMBER

FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN)

***I, the undersigned, certify that, to the best of my knowledge, the information I have provided on this form is true and correct; and that all diesel fuel purchased under this certificate is intended for use in an exempt bus operation, as defined in Revenue and Taxation Code Section 60039.***

***By signing this certificate I acknowledge my understanding that if any diesel fuel purchased with this certificate is sold or otherwise used in a taxable manner, I am required to report and pay the diesel fuel taxes on this fuel promptly at the time of sale or use. I also understand that the law provides civil and criminal penalties for fraudulent use of this certificate.***

PURCHASER NAME (print full name)

TITLE

SIGNATURE

DATE

COMPANY NAME

BUSINESS ADDRESS (Street, City, State, Zip Code)

DIESEL FUEL LICENSE NUMBER

FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN)